Work Order ID 58418

Thursday, May 06, 2010 1:33:22 PM

Item ID:	D412-738-011
Revision ID:	
Item Name:	Dual Disabling 204/212/412

Accept

Setup Start / Stop

Start Date:	5/6/2010	**Start Qty:** 3.00	
Required Date: 5/7/2010		**Req'd Qty:** 3.00	**Cust Item ID:**
Reference:			**Customer:**

Approvals: Process Plan: _MF_ Date: _10-5-6_ Tooling: _____ Date: _____ **Run** Start

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	**Revision Nbr**								
N/A	Rev N/A								

100

DC

Document Control

DOCUMENT CONTROL — 0.00

Memo — 0.00

Photocopy bluefile and create labels per PPP D412-738-011 CHG002   ∫ 10/05/07

[handwritten: BG 10/05/07]

110

Packaging

Packaging

Pick Kit — 0.00

Memo — 0.00

[handwritten: 10-5-65]

120

QC

Quality Control

QC4- 100% Inspect kits for completeness — 0.00   ∫ 10/05/07

Memo — 0.00

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W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 58418

Item ID: D412-738-011

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Start Date: 5/6/2010 **Start Qty:** 3.00

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Reference:

Cust Item ID:

Customer:

Setup **Start**

Stop

Approvals: **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

QC: _____ **Date:** _____ **SPC (Y/N):** _____ **Date:** _____

Run **Start**

Stop

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 Packaging Packaging	Packaging	0.00							
	Memo	0.00				10-5-7	3x		S
	Identify and pack for shipping as per PPP D412-738-011 □Location 20 □PPP Rev: 12 □Ensure that keys are attached to D3368-041 and D3393-041 □D3368-041 Key Numbers D3393-041 Key Numbers								
140 QC Quality Control	QC21- Final Inspection - Work Order Release	0.00							
	Memo	0.00					10/05/07		mf 10-5-7

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W/O:		WORK ORDER CHANGES						
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

_____ Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries

Picklist Print

Thursday, May 06, 2010 1:33:22 PM

Work Order ID:	58418

Parent Item:	D412-738-011

Parent Item Name:	Dual Disabling 204/212/412

Comments:	IPP Rev:D Removed Manufacturing 06-03-06 JLM

Start Date: 5/6/2010   **Required Date:** 5/7/2010
Start Qty: 3.00   **Required Qty:** 3.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Qty Issued	Date Issued	Status
D3368-041		Manufactured	No			120	Each	6.0000	1		10-5-65	
Tail Rotor Pedal Disabling Kit												
D3393-041		Manufactured	No			110	Each	1.0000	1	3	10-5-65	
Battery Lock Assembly												

Location ST484 **Loc Qty** 6 **Loc Code**
45740 3
50664 3

Location ST486 **Loc Qty** 1 **Loc Code**
45559 1

(handwritten annotations): C184A C092A C500R W20A -9 B58402 (2X) 10S-7SP 3X

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W/O:		WORK ORDER CHANGES						
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No   DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries

REFERENCE ONLY

4.0 PARTS LIST

-011	Part Number	Description
X	D412-738-011	DUAL DISABLING KIT
1	D3368-041	TAIL ROTOR PEDAL DISABLING KIT
1	D3368-051	* PEDAL LOCK ASSEMBLY
1	D3384-047	* CYCLIC SOCK
1	HX-81	* ¼" –20 SOCKET HEAD CAP SCREW
2	AN960-416	* WASHER
1	D3373-7K	** KEY, REPLACEMENT
1	D3393-041	/BATTERY DISABLING KIT
1	D3373-1K	** KEY, REPLACEMENT

* shown for reference only, part is included in D3368-041 assembly above
** shown for reference only, p/n for ordering replacement keys

Revision: C
Date: 05.05.02

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W/O:		WORK ORDER CHANGES						
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries

H:\FORMS\Quality Assurance\approved QA\NCRWO RevE